

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>no record</i>		<i>7/6/01</i>
O.I.P.E. CLASSIFIER	<i>RSD</i>		<i>7/13/00</i>
FORMALITY REVIEW	<i>PS</i>	<i>1116</i>	<i>08/20/01</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy